

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90089 031 \*\*\*\*61.25

0012468

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 724428

1. Corporation Name

HIGHRIDGE CIVIC ASSOCIATION, INC.

Principal Place of Business

311 WESTCHESTER DRIVE  
 ALTAMONTE SPRINGS FL 32701

Mailing Address

311 WESTCHESTER DRIVE  
 ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

21 810 Point Pleasant Place

2a. Mailing Address

26 810 Point Pleasant Place

3. Date Incorporated or Qualified

09/26/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7337140

Applied For

Not Applicable

City & State

23 Altamonte Springs

City & State

28 Altamonte Springs

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32701 25 Seminole

Zip Country

29 32701 30 Seminole

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NORTH, URBAN A.  
 311 WESTCHESTER DRIVE  
 ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name Tara L. Higgins  
 82 Street Address (P.O. Box Number is Not Acceptable) 810 point Pleasant Place  
 83  
 84 City Altamonte Springs FL 85 Zip Code 32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNCAN, LEIGH	
STREET ADDRESS	306 HERMITAGE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STROUP, STEVEE	
STREET ADDRESS	323 HERMITAGE DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, RICHARD	
STREET ADDRESS	818 LINDENWALD LANE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGGINS, TARA	
STREET ADDRESS	810 POINT PLEASANT PL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNAUS, RICHARD	
STREET ADDRESS	317 OAK HILL DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIARO, PAUL	
STREET ADDRESS	311 OAK HILL DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNCAN, LEIGH
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Leigh Duncan*

5-0-99

(407) 830-7511

CR2E037 (1/98)